Approved for use through 08/30/2010, OMB 0851-0032
Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless if displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RESERVED Application or Docket Number Substitute for Form PTO-876 APPLICATION AS FILED - PART ! (Column 1) OTHER THAN SMALL ENTITY (Column 2) OR. SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (\$) RATE (\$) FEE (\$) . N/A (87 OFR 1.16(a), (b); or (c)) ÁVÁ ·. N/A SEARCH FEE (87 OFR 1.16(K), (1), or (my) N/A N/A N/A N/A EXAMINATION FEE (87 OFR 1.16(0), (p), or (q)) N/A N/A N/A AVA TOTAL CLAIMS NÁ (37 CFR 1.16(1)) minus 20 = 26 = INDEPENDENT CLAIMS OR 50 (37 OFR 1.16(h)) minus 3 = x 105 = If the specification and drawings exceed 100 210 sheets of paper, the application size fee due APPLICATION SIZE Is \$260 (\$130 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) 185 370 f the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II -11-0 (Column 1) (Column 2) OTHER THAN SMALL ENTITY (Column 3) OR SMALL ENTITY CLAIMS REMAINING HIGHEST NUMBER PRESENT EXTRA RATE (\$) AFTER ADDI-RATE (\$) PREVIOUSLY ADDI: MENDMENT TIONAL PAID FOR TIONAL FEE (\$) Total FEE (\$) Minus ENDM × 25 ÖR 50 Independent OFR 1,16(h) Minus x 105 = 210 = Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) 185 340 OR: TOTAL ADD'L FEE TOTAL OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING m NUMBER PREVIOUSLY PRESENT AFTER RATÉ (\$) ADDI-TIONAL RATE (\$) ADDL **EXTRA** AMENDMENT PAID FOR TIONAL AMENDME FEE (\$) Total (37 OFR 1.16(1)) FEE (\$) Minus × 25 × 50 Independent (37 OFR: 1.16(N). OR Minus 105 = Application Size Fee (37 CFR 1.16(s)) x 210 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (81 OFR 1.16(1)) 185 OR TOTAL ADD'L FEE TOTAL

! If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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